



Denise Juneau, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501  
www.opi.mt.gov

## 2009-2010 ANNUAL APPLICATION

### STATE CAREER AND TECHNICAL EDUCATION

#### Under 20-7-305, MCA

**Due date: May 31, 2009\***  
**Project Year: July 1, 2009 - June 30, 2010**

**Return application to: Office of Public Instruction  
Career and Technical Education  
PO Box 202501  
Helena, MT 59620-2501**

**School District:** \_\_\_\_\_ **LE:** \_\_\_\_\_ **CO:** \_\_\_\_\_

#### Instructions:

**Check the career and technical education programs you propose to offer in the 2009-2010 school year.**

☐ Check this box if one or more of your career and technical education programs did not receive state funding in 2008-2009.

<input type="checkbox"/>	Agricultural Education (endorsement 61)		FFA	<input type="checkbox"/>
<input type="checkbox"/>	Business Education (endorsement 72)	<input type="checkbox"/>	Marketing Education (endorsement 64)	BPA <input type="checkbox"/> DECA <input type="checkbox"/>
<input type="checkbox"/>	Family and Consumer Sciences Education (endorsement 63)		FCCLA	<input type="checkbox"/>
<input type="checkbox"/>	Health Occupations Education (endorsement 65)		HOSA	<input type="checkbox"/>
<input type="checkbox"/>	Industrial/Technology Education (endorsements 62, 68)	<input type="checkbox"/>	Trade and Industrial Ed. (endorsement 65)	SkillsUSA <input type="checkbox"/> TSA <input type="checkbox"/>

**The program assessment sections of your district's (electronic) Carl D. Perkins application will also be used for your state CTE application. If your district participates in the state CTE funding program, but not in the Carl D. Perkins funding program, please contact the CTE division at (406) 444-9019 to have a paper copy of the program assessments sent to you.**

**The CTE specialists will review this application during the months of June - August. Please provide contact information for someone who will be able to answer questions regarding your district's career and technical education programs and/or this application form during this summer time period.**

Name/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

I hereby certify the accuracy of the information submitted on this form.

\_\_\_\_\_  
Signature  
Designated Authorized Representative

☐ Superintendent

☐ Other \_\_\_\_\_